



Nebraska VR

Benefits Services Referral Form

10/2019

Beneficiary Name:		QE2 Case #	
Address:			
City, State & Zip:		County:	
Phone:	Cell:	Email:	
Guardian name/phone (if applicable):		Date of Birth: _____	
Payee name/phone (if applicable):		Age: _____	
<p>Ethnicity: <input type="checkbox"/> Asian <input type="checkbox"/> Non-Hispanic White <input type="checkbox"/> Non-Hispanic Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian and Other Pacific Islander <input type="checkbox"/> North American Indian and Alaskan Native <input type="checkbox"/> Aboriginal <input type="checkbox"/> Multiple Ethnicity <input type="checkbox"/> Other</p> <p>Military Status: <input type="checkbox"/> Active <input type="checkbox"/> Veteran <input type="checkbox"/> Member of Military/Veteran Family <input type="checkbox"/> None</p> <p>Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed</p> <p><i>(If the spouse also receives SSA benefits, additional SSA consents are required.)</i></p>		<p>Referring to: <input type="checkbox"/> Easterseals <input type="checkbox"/> Goodwill <input type="checkbox"/> MHA-NE <input type="checkbox"/> Region V</p>	
Benefits Orientation Date:		IPE Date:	
IPE Goal/type of job sought:			
Pay Range & Hours:			
<p>Referral for the following type of services (refer to Benefits Services section for descriptions):</p> <p><input type="checkbox"/> Benefits Assessment <input type="checkbox"/> Benefits Assessment-Pre-ETS Student <input type="checkbox"/> Benefits Planning <input type="checkbox"/> PASS development and monitoring. <i>*Must have had Benefits Planning first</i> (Anticipated resources needed to achieve employment goal--Check all under consideration) <input type="checkbox"/> Services <input type="checkbox"/> Equipment <input type="checkbox"/> Supplies <input type="checkbox"/> Other <input type="checkbox"/> Benefits Management</p> <p>Other notes, pertinent information:</p> <p><input type="checkbox"/> Self-Employment Orientation</p>			
<p><i>Include the following documents with this referral form:</i></p> <p><input type="checkbox"/> Benefits Orientation Checklist <input type="checkbox"/> SSA Consents – General & Earnings <input type="checkbox"/> HHS Release (please fill in authorization termination date in the middle of the page) <input type="checkbox"/> Multi-Agency Release if needed for anything other than SSA/HHS ie. payee, SE provider, housing (not required) <input type="checkbox"/> Authorization for Services</p>			
VR Benefits Specialist		VR Office Location:	
Assigned VR Counselor:		Referral Date:	